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PUERPERAL AMAUROSIS; ITS IMPORTANCE AS A
SYMPTOM.

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CASE I.—July 28th, 1873, I was consulted by a married woman, forty-three years of age, who wished to obtain glasses for the relief of defective vision. Her account was that, after two miscarriages, she had been confined four months previously; and that before the birth, she had suffered from headaches, had considerable albumen in the urine, and had nearly lost her sight. After delivery, she had gradually gained strength, but her nervous system, always excitable, had been depressed by the loss of her infant, and she still complained of a feeling of general exhaustion, and of very imperfect vision both for far and near objects. She could only distinguish No. XL. of test-letters at 20 feet, though she was able to read with +30, and still better with +18, for a short time only. No glasses improved her perception of distant objects.

The visual field was not limited; but the ophthalmoscope showed an *apparent* white atrophy of the optic nerve disc in both eyes. There was no appearance of albuminuric retinal degeneration or other marked changes in the fundus of the eye, beyond the apparent atrophy. In view of the generally depressed state of the system and of the facts of the non-limitation of the visual field and the already improving sight, which the patient felt assured was still changing for the better, I felt warranted in the hope that the apparent atrophy of the optic disc might be only a result of an anæmic condition, and would allow of a favorable prognosis after the general condition of the system should be improved by rest and change.

CASE II.—On the evening of the same day, a friend informed me that a patient of his, in regard to whose blindness in one eye he had previously asked my opinion, had just been delivered. She was a lady, thirty-seven years of age, who had been six times pregnant. When between three and four months encephalic, she began to have œdema of the face and the lower limbs, but the same had been her experience on previous occasions. On the 5th of

June, she had an attack of bilious colic which was speedily relieved, and she had no further trouble with the stomach and bowels. From this time, the œdema rapidly disappeared, and she had a voracious appetite until her confinement. No albumen, or, if any, only a slight trace could be detected in the urine at the time of the attack of colic. On July 16th, twelve days before her confinement, everything appeared quite black to her right eye. With both eyes open, she saw an appearance as of the vapor over a hot stove. From this time till the 25th, she was nervous and restless, and on this day had some slight labor pains, with a slight show of a semi-bloody and greenish color. On the 26th, the os was patulous, but she had good sleep and no further pains. Albumen was now found in the urine. In the afternoon of the 27th, there was a large gush of greenish brown waters and one strong pain. Labor terminated at 9½ P.M. The child was of fully eight months, very white and clean. The cord, for some distance from the navel, was green, gangrenous and of putty-like consistence. When cut, a drop of grumous matter exuded from each end. Near the placenta, the cord was stronger, but would not bear traction. The inner surface of the placenta was modulated and greenish. The mother believed the death of the child to have occurred two or three days before, as she had then ceased to feel movements.

Within an hour after the accouchement, the patient was able to distinguish with her right eye the outline of a picture frame, hanging opposite her bed, and this improvement in sight rapidly increased day by day.

No special treatment had been resorted to for the relief of the blindness, beyond enjoining unusual care to avoid fatigue or efforts which might induce cerebral congestion; but the patient was carefully watched, that any threatening symptoms of puerperal convulsions might be averted.

The *Berliner Wochenschrift*, June 9th and 16th, 1873, contains an account of four cases of puerperal amaurosis, by Dr. F. Weber, of St. Petersburg. The first case was of a small chlorotic woman, only eighteen years of age, who, in the middle of her term of pregnancy, was suddenly reduced from affluence to poverty, and awaited her accouchement amidst cares and hardships to which she was wholly unaccustomed. Towards the end of her term, she had œdema of the face and lower limbs. At the beginning of labor, she was suddenly seized with eclampsia, of which she had six paroxysms within fourteen hours, notwithstanding the use of chloroform and of subcutaneous injections of morphia. She was delivered with forceps, and then continued for six hours in a tranquil sleep, with natural respiration. On recovering consciousness, she perceived that she had become entirely blind. The pupils were widely dilated and immovable. She had no perception of light, but was annoyed by

sensations as of flashes and sparks within the eyes. Only small quantities of urine were passed, and these contained much albumen.

Ice was applied to the head, and bromide of potassium given in considerable doses, which treatment was soon followed by alleviation of the severest symptoms, especially the flashes. After three days, light was perceived, and in two days more, vision was quite restored; though flashes could still be seen when the lids were closed, and some weakness of vision and temporal headache continued for several weeks. The albumen in the urine diminished from the time of labor, and had disappeared at the end of six days. Patient had, afterwards, other pregnancies with no abnormal consequences.

The second case was a woman of forty-two, somewhat corpulent though anæmic, who had borne and suckled thirteen children. In three of the previous labors, there had been adhesion of the placenta, requiring manual efforts for its separation. During this last pregnancy, she suffered from great œdema of the face and extremities, with dull headaches, giddiness and severe vomiting. A strong convulsion followed the expulsion of the amniotic fluid, which was treated by chloroformization and morphia injections, and which was followed by two others of less intensity. The removal of the placenta was again required, and the atony of the flaccid uterus was only overcome, after dangerous prostration had come on, by stimulation of its inner surface. After the patient recovered consciousness, she complained of headache and flashes before the eyes, and, ten hours later, she became entirely blind. This complete amaurosis continued four days. On the fifth day, perception of light was regained, and on the sixth, vision was fully restored, though the sparks and flashes continued to be very annoying when the lids were closed. The urine was at first loaded with albumen, which continued in appreciable quantity for some weeks, although the amaurosis had quite disappeared. Patient had afterwards two children, with no recurrence of eclampsia or amaurosis.

The third case was a large obese woman of forty, who had borne six children without accident. A few days before the end of her term, she strained herself in moving a piece of furniture, and this resulted in premature escape of the waters and ineffectual labor pains with threatened convulsions. Applications of ice relieved the cerebral congestion, and the child was safely born. The patient now complained of severe headache and sparks and flashes before her eyes. Six hours afterwards, she had amblyopia, and, four hours later, amaurosis so far complete that only the faintest perception of a bright light remained. Two leeches were placed over each mastoid process, and the ice to the head was continued. By these means, the injection of the conjunctiva and the turgidity of the whole face was lessened, but the blindness persisted. A blister was now applied to the nucha, bromide of potassium was given in large doses, and the ice was still used. After fourteen days, the amaurosis had

diminished, and at the end of four weeks, it had disappeared. Albumen was not at any time found in the urine. Eighteen months afterwards, the patient was again confined, no abnormal symptoms supervening.

The fourth case was a woman of thirty, in her third accouchement. Eight hours after birth, pains in the forehead and temples, heaviness of the head, with quivering of the facial muscles and especially of the eyelids, were the forerunners of complete amaurosis. The pupils were widely dilated and insensitive to light, of which the patient had lost all perception. The scanty urine was albuminous. Convulsions being anticipated, an ice bladder was applied to the head, and chloroform was kept in readiness. Notwithstanding this, a severe eclamptic fit came on some hours after the blindness, and this was followed by a second, an hour later. Chloroform and subcutaneous morphia injections mitigated the force of a third convulsion, and the mild coma which ensued was soon replaced by quiet sleep and regular breathing, which continued twenty-four hours. At this time, quivering of the facial muscles and changed respiration seemed premonitory of another convulsion, which, however, was averted by immediate chloroformization and hypodermic injections. Awakening at last to full consciousness, the patient had the satisfaction of finding that the amaurosis had disappeared. Objects could be clearly seen. The pupils were of normal size and susceptibility, and only pains in the eyeballs and flashes and sparks when the lids were closed were complained of. The albuminuria did not disappear for several weeks.

The relation of puerperal amaurosis to puerperal convulsions is shown to exist, and though, to use the words of Dr. Weber, we cannot regard the former as invariably a premonitory symptom of the latter—since eclampsia is of far more frequent occurrence, and even in these cases frequently precedes the blindness—yet the occurrence of amaurosis during parturition should induce watchfulness to guard against complications.

The presence of albumen in the urine, though a usual coincidence, does not seem to have an absolutely determinative influence; as it is absent in some cases, and in others may long outlast the amaurotic symptoms.

The proportion of primiparæ attacked is small; reversing the ordinary rule as to eclampsia. Fortunately, the occurrence of blindness during one puerperal period, does not involve the probability of its recurrence in the patient when she again finds herself in similar conditions.

15 Arlington St., Boston, Aug. 20, 1873.

TINCTURE OF DIGITALIS AND CHLORAL HYDRATE IN
DELIRIUM TREMENS.

By E. CHENERY, M.D., Boston.

HAVING, in the course of twenty odd years, seen numerous cases of delirium tremens under various kinds of treatment, it is with peculiar pleasure that I record the following very remarkable success as a result of chloral hydrate in conjunction with tincture of digitalis.

Mr. B., a Scotchman, aged 35, accustomed to army life, was for many years connected with the Indian service in the west. During this time, he acquired the habit of using alcoholic drinks, which has followed him till a few months ago, when he was induced to reform. He got on very well for a time, when the old appetite was aroused in him by the thoughtless use of some light beer which he made and sold in connection with his other business, and in which there was a free amount of Sanford's ginger. Strong drink was now called for, and, becoming incapable of carrying on his business, "he went on a time." Alcohol became more and more the substitute for his food, till his system became poisoned, his tongue parched and swollen, his face congested, his breath fetid and he could neither eat nor sleep. When I first saw him, he had neither taken food nor slept for nearly a week, and rejected everything which was put into his stomach; his mind was greatly agitated, and his whole muscular system was in a state of continual unrest. His pulse was feeble and frequent, amounting to 120, and could not be counted at the wrist on account of the commotion among the tendons. He had taken bromide of potassium, without effect, before my visit. A strong mustard plaster was applied to the pit of his stomach; when well under way, fifteen grains of chloral were given, and, in twenty minutes, twenty drops tincture digitalis. These were both retained and had a favorable effect upon the tremors. Ten minutes after the digitalis, a dose of thirty grains of chloral soon brought on a sleep of three hours, when he awoke with relief to his trembling and in a much better state of mind. A raw egg and some milk were then given with another portion of digitalis, and, in a short time, thirty grains more of the chloral. From this time, he passed off into a sleep of many hours and awoke refreshed. The digitalis was given three times a day for several days, partly to moderate the pulse which remained at a hundred, but mainly for its eliminating effects upon the kidneys; and small doses of the chloral as occasion required. An infusion of quassia with a return to solid food, as his appetite required and his stomach would bear, completed the cure, which, taken all in all, was the most satisfactory that could have been desired.

This was not a case caused by leaving off his cups, but the direct result of their excessive use. From the moment he came under

treatment, he was not allowed another drop, except what was in his digitalis. That he would have recovered without treatment is quite doubtful, since he was then in a gradually sinking condition and had not for days taken a mouthful of food which he did not instantly reject, even a teaspoonful of milk being as quickly rejected as it was swallowed, though it is possible that he might have been sustained by nutritious injections till the alcoholism wore away. Opium was obviously contra-indicated by the parched mouth and fœtid breath, for whatever advantage might have been hoped for from sleep, which it might be expected to give, would have been more than offset by the increased retention of the alcoholic poison and other effete matters which required to be eliminated. The chloral then to produce sleep and to quiet the nervous agitation, and the digitalis to reduce the frequency of the heart's action and to promote elimination by the kidneys, was evidently the rational indication, which the results fully justified. The mustard over the pit of the stomach and a small dose of chloral at first were necessary, in order that the first dose might be retained and prepare the way for a full dose which could not have been given at once. Moderate doses of chloral, to be repeated as circumstances justify, are all that any case of delirium tremens is likely to require, since, as Dr. Murchison thinks, there are grounds to believe that the existing impurities of the blood in such a case favor the action of the chloral by its more speedy conversion into chloroform.

FRACTURES OF THE INTERNAL EXTREMITY OF THE CLAVICLE. By Dr. E. DELENS (*Archives Gén. de Méd.*, May, 1873).—The study of these fractures has been hitherto somewhat overlooked. They are not very rare, though the number of recorded cases is not large. The whole number given by Dr. Delens, including eight of his own, is only twenty-eight.

The fracture is almost always oblique, without much over-riding of the bones, and, consequently, with little shortening. Mobility and crepitation are less marked than in fractures of the shaft of the bone, and this, without doubt, in connection with nearness to the articulation, is the reason why they must have been confounded often with luxations. Tumefaction and deformity are much more prominent in fractures produced by muscular contraction than in those by external violence, as by a fall upon the shoulder, the most ordinary cause. On the other hand, mobility and crepitation, while frequent in the latter cases, are seldom present in the former. The direction and state of the fragments are obscured usually in fractures by muscular contraction, but are more easily made out in other cases. Pain on motion is not a constant symptom; but pain on pressure is sometimes an important aid to correct diagnosis. Consolidation takes place in about the usual time. Treatment requires no special directions. Mayor's scarf, or Sayre's bandage, for its simplicity, may be used when immobility seems increasing.

Progress in Medicine.

REPORT ON PATHOLOGY AND PATHOLOGICAL ANATOMY.

By R. H. FITZ, M.D.

GENERAL PATHOLOGY.

Fungi in the Blood.—Riess (*Centrbl.*, 1873, p. 530) takes exception to some of the statements of Birch-Hirschfeld (previously referred to in this JOURNAL), and, after a series of investigations, comes to the conclusion that there are no means, chemical or microscopical, by which micrococci can be distinguished in the animal organism from detritus. In consequence, the assigned importance of the many abnormal elements found in the blood and organs, in infectious diseases, is not possible, as no sure proof of the parasitic nature of such processes has been obtained.

Birch-Hirschfeld (*Centrbl.*, 1873, p. 609), in reply, refers to his published recognition of the detritus referred to by Riess, but still retains his opinion that, in addition, globular bacteria are present, and that their exact nature is to be determined, in part, through chemical reagents. He admits, at the same time, that the parasitic nature of such diseases is not yet assured.

Obermeier (*Centrbl.*, 1873, p. 145) has discovered, in the blood of individuals suffering from recurrent fever, extremely delicate, thread-like bodies, of the thickness of a fine thread of fibrine, and as long as the diameters of from $1\frac{1}{2}$ to 6 or more blood corpuscles. The blood being removed from the patient and the corpuscles allowed to become quiet, it was found that these threads possessed extremely rapid movements. These movements are of two kinds, undulating and locomotive. When locomotion took place, the threads became crooked, circular or corkscrew like; then elongating, they would leave the field of vision either gradually or suddenly. Locomotion ceases after one to two hours; undulation may continue up to eight hours. They are easily to be distinguished from threads of fibrine. These bodies were first seen by their discoverer in 1868, but lack of material has hitherto prevented investigation. Up to the time of publication, they had been found only during the fever, and shortly before or during the crisis, not in the remission. No decision was arrived at as to their nature.

Obermeier (*Centrbl.*, 1873, p. 561) inoculated animals with the blood from patients with recurrent and typhoid fever. The blood was injected subcutaneously, and into the jugular veins of dogs, rabbits and guinea-pigs. The results were negative. Nevertheless, he considers that the presence of the contagium in the blood is not thereby eliminated. Accidental or intentional inoculation of such blood, through cracks in the epidermis, produces no infection. As an explanation for the lack of success in producing the disease experimentally, he suggests that special conditions or preparations are necessary for the reception of the contagium in the living organism.

Wolff (*Centrbl.*, 1873, p. 497) has continued his experiments with regard to the effect of fungi introduced into the blood. It may be remembered that he was unable to conclude that the active deleterious principle of putrid blood was to be found in bacteria. In his present

publication, he gives the results of experiments with the contents of metastatic abscesses and the secretion from gangrenous wounds. In comparing the action of these fluids with that of a fluid in which fungi from the preceding were cultivated, he found that the latter, in the same doses, was by far less deleterious than the former. With the microscope, the same forms of fungi were found in the three fluids. The bacteria were of various forms, a noteworthy observation where special forms of bacteria have been regarded as productive of special diseased processes. In addition, he records that, with Hartnack 10, prismatic bodies were found in the peritoneal exudation of puerperal fever, hardly as large as the diameter of a red blood corpuscle.

Küssner (*Centrbl.*, 1873, p. 497) opposes the view that the microsporon septicum is characteristic of the septic processes, as he finds the same in trivial abscesses. He states that he was able to free fluids from bacteria by filtering through a double layer of filter paper in a glass funnel, whose nozzle was plugged with boiled cotton-wool. The filtrate, as well as the fluids containing bacteria, produced death after injection; the *post-mortem* appearances were alike—ichorous and purulent infiltration of the cellular tissue, and, finally, abscesses at the point of injection. There was no pathological alteration of the internal organs, nor were bacteria found in the blood, nor in the greater glands of the abdomen. He concludes that the action of the injected fluids depends upon chemical processes of decomposition, independent of the bacteria. A temperature curve, characteristic of sepsin poisoning (Tiegel), was not found.

Inoculability of Cancer.—Desirous of ascertaining the effects of cancer grafts upon the body of rabbits, Hyvertl (*Gaz. des Hôp.*, No. 49, 1873, *Allg. Med. Centr. Zeit.*, 1873, p. 602) undertook a series of experiments. The portions of tumor free from pus, and not far advanced in development, were introduced deep into the tissues as far as the muscular layer.

Inflammation and induration resulted, the latter to be felt five months afterwards as a "tumor." This was surrounded by a tissue rich in vessels, and presented its previous appearance: cancer cells and alveoli at the periphery, granulations commenced towards the centre; at the latter point was calcification. The autopsy showed that neither infection nor general disease resulted. The author concludes that young cancer cells, transplanted from man to animals, do not produce cancer.

Exophthalmic Goitre.—Boddaert (*Bull. de la Soc. de Méd. de Gand, Gaz. Méd.*, 1873, p. 141) experimented on rabbits with reference to the origin of this condition. Ligatures were placed upon the external and internal jugular veins at the base of the neck, and the two cervical cords of the sympathetic were cut. An exophthalmia resulted, continuing several days, diminishing gradually as the collateral venous circulation became developed, and as the effects of the section of the sympathetic disappeared. Exophthalmia following the ligature alone, due to distention of the orbital veins, is much less pronounced. An enlargement of the thyroid is produced by section of the sympathetic and ligature of the inferior thyroid vein between the four jugulars. These experiments, combined with the discovery of lesions of the sympathetic, whose effects are analogous to those produced by section (atrophy of nerve elements, hypertrophy of connective tissue)

in a number of cases of Basedow's disease, are considered as explaining the phenomena of the disease. In exophthalmic goitre, an obstruction to the circulation occurs; the superficial veins, especially of the neck, become swollen; there is a tendency to hæmorrhage, an increase of splenic and hepatic dulness, occasional dropsies, œdema, and the enlargement of the retinal vessels observed by Graefe. Boddaert hence produces this theory of exophthalmic goitre. In the majority of cases, the pulsations of the heart increase in number—120 to 200 even; this may continue for months. The veins are insufficiently emptied during the diastole; a venous congestion results, more marked from a more or less complete paralysis of the sympathetic. The effects become most marked in the eye and thyroid body, from the development of the retro-ocular venous system and the great vascularity of the thyroid. This theory is considered as explaining the observation of Trousseau, where the exophthalmia and the thyroid tumor came on during a night, the goitre disappearing suddenly and returning afterwards; also, the diminution of the exophthalmia and the thyroid body, as the heart beats less rapidly.

SPECIAL PATHOLOGICAL ANATOMY.

Ulcerative Endocarditis.—Dr. Lanceraux publishes a paper (*Archiv. Gén.*, 1873, p. 672) endeavoring to establish a causal relation between the paludal poison and the ulcerative, vegetative form of endocarditis. He states at the outset that he has already endeavored to prove that rheumatism is not the source of the vegetative, ulcerative endocarditis occurring in the puerperal condition. His ground being that the anatomical characteristics of the rheumatic and puerperal endocarditis differ, hence they cannot have the same origin. Though in both diseases the mitral valve is by preference affected, in the rheumatic form, the entire valvular orifice is diseased, while puerperal endocarditis is always limited and circumscribed. In the former instance, permanent valvular lesions must occur, while, in the latter, a permanent organization of the new tissue is impossible, its destruction producing a fatal infection, so to speak, of the organism. The object of the present paper is to show that there is a vegetative, ulcerative endocarditis, preferring the aortic valves, and common among people who have had intermittent fever. From its localization, anatomical characters and evolution, it must bear a certain relation to the paludal poison.

A number of cases are reported, the clinical phenomena bearing a resemblance to the disturbances produced by septicæmia. In the cases reported, the puerperal condition could not have been a cause, and, as the lesions of rheumatism are regarded as different, this affection must be eliminated from the causes. The symptoms are considered as excluding the latter disease. The pains, existing in certain cases, were of a different character from those occurring in acute articular rheumatism and were attributed to the effect of a general infection. The coincident history of malarial infection in all the cases and the identity of the alterations render it probable or at least worthy of investigation, as a relation of cause and effect. It is possible that alcoholic excess may have aggravated the condition. The disease is distinguished from the chronic aortic affections by the presence of fever. The prognosis is grave on account of the rapid pro-

gress and the tendency to ulceration. The valves once destroyed, a fatal termination results on account of the obstructed circulation and the septicæmia following the destruction. In one of the cases reported, sulphate of quinia produced amelioration.

Brown Induration of the Lungs.—Orth calls attention (*Virch. Arch.* vol. 58, p. 126) to an alteration of the vessels observed in such a case. The capillaries and larger vessels were filled with pigment masses similar to those occurring in the interstitial tissue. The vessels at times appeared as if actually injected with brown, granular pigment. Artificial injection showed that such portions were completely obstructed. He regarded the appearance of certain communicating vessels as indicative of compensation for this obliteration. Such vessels pursued a more direct course, and had but few collateral branches. The previously described condition of the vessels he considers as indicating that a direct formation of pigment, from the red blood corpuscles, may take place without the mediation of other cells (Langhans).

Inflammation of the Lungs.—Lungenentzündung, Tuberkulose und Schwindsucht. L. Buhl, Prof. &c. München, 1872.

Untersuchungen über Lungenentzündung &c. C. Friedländer. Berlin, 1873.

Prof. Buhl's monograph of 164 pages is one demanding the most thorough attention from all interested in such matters. Whether the views are accepted or not, valuable suggestions are presented, and in such a form that the continued interest of the reader is retained.

Within the space allotted to this report, a complete abstract is impossible. The text appears in the form of twelve letters, and includes the various forms of acute and chronic inflammation of the lungs, together with the author's ideas as to tubercle, tuberculosis and tuberculous pneumonia, with a final chapter devoted to phthisis.

The distinction between a superficial and parenchymatous inflammation of the lungs holds good only so far as the one or the other condition predominates, the two always co-existing. The alveolar epithelium is regarded as a continuation of the endothelium of the lymph vessels, expanded over the free surface of the alveolar wall, and not as a continuation of the epithelium of the bronchial tubes. The superficial inflammations are those where the products originate in the epithelium, or flow over its surface; the products of the parenchymatous forms are interstitial and peri-bronchial.

The terms lobular and lobar are applied rather to the method of origin and extension, than to the boundary. Lobar refers to primary disease of the pulmonary parenchyma; lobular, to primary disease of the bronchi. Those diseases proceeding from the lymph vessels are not easily divided into these two forms. The chronic forms are particularly distinguished from the acute by the presence of extensive and important degenerative conditions when superficial; by an increase of connective tissue, the formation of cicatrices, &c.; when parenchymatous, interstitial or peri-bronchial.

The acute catarrhal pneumonia of the books is an acute disease, affecting primarily the posterior portion and edges of the lower lobes, presenting the appearances thus described by Rokitsansky:—"the finer bronchi and their terminations are not unfrequently the seat of an intensive inflammation, which becomes at once extended over the pulmo-

nary tissue; this appears, generally, in numerous lobular portions, swollen, hepatized or filled with pus." The term catarrhal pneumonia demands a catarrh in the pulmonary tissue, and the presence of a mucous membrane; as the latter does not exist, the term is improper. A catarrh of the mucous membrane of the smaller and smallest bronchi, filling these with pus and mucus, even when extending to the alveoli, cannot be a catarrhal pneumonia; the alteration of the latter is modified and secondary. The catarrhal pneumonia is "a capillary bronchitis, a bronchiolitis, in which the lungs participate through collateral œdema, atelectasis, local emphysema and engorgement, as a result of the transfer of the bronchial secretion to the individual alveoli." The œdema is merely a collateral phenomenon of the capillary bronchitis; atelectasis and emphysema are not inflammatory.

The bluish-red color of the atelectatic lobules represent a distention of the capillaries with blood when the intra-alveolar pressure has ceased. The lobular nature of the affection is due to the presence of material in the communicating and adjoining alveoli, produced elsewhere, and transferred through aspiration and migration (pus corpuscles, i. e. white blood corpuscles).

Death or recovery may take place. The latter event is based upon the fact that the true pulmonary parenchyma remains intact. Expectoration, fatty degeneration and absorption permit the removal of the products of inflammation and the access of air.

If these changes do not take place speedily, as in feeble children, the aged and in the course of severe disease, certain portions may remain permanently altered, as local emphysema, and, more particularly, atelectasis, in which latter instance, the parts affected may become converted into pigment nodules or cheesy masses. In addition, the plugs in the smaller bronchi and alveoli may remain permanently as cheesy masses. The alterations, when superficial, produced by foreign bodies, bear a very close resemblance to those occurring in so-called catarrhal pneumonia. A rare termination of the bronchiolitis is the dilatation of the alveoli and bronchi, accompanied with atrophy, thereby distinguished from that resulting from other causes, as peribronchitis. Catarrhal pneumonia is, therefore, a capillary bronchitis.

Croupous pneumonia is primary in the parenchyma, secondary in the bronchi.

[To be concluded.]

CONVALESCENCE IN TYPHOID FEVER.—Dr. P. W. Latham writes to the *Lancet* of July 5, 1873, that the only satisfactory answer to the question, When is a patient convalescent from an attack of typhoid fever? is, after the morning and evening temperatures, and especially the latter, on at least two successive days, have remained about the normal point, or between 98° and 99° F. The patient's tongue may be clean and moist, the appetite ravenous, the patient crying out for food, and the typhoid ulcers still unhealed. The thermometer alone will tell us this; it will probably show, at this stage, an evening temperature of about 101° F., with a morning temperature of 1.6° to 2° lower, and a mutton chop might now be sufficient to induce fresh irritation of the intestinal ulcers, fatal hemorrhage, or perforation.

Bibliographical Notices.

A Practical Manual of the Diseases of Children, with a Formulary.

By EDWARD ELLIS, M.D., Physician to the Victoria Hospital for sick children; late Physician to the Samaritan Hospital for women and children; and formerly obstetric physician's assistant to University College Hospital. Second edition. Philadelphia: Lindsay and Blakiston.

THE above work is designed, we are informed by the author in his preface, to present concise yet thoroughly practical descriptions of the principal diseases of children. The book comprises 339 pages, and is divided into nine chapters. The various diseases, coming under the head of the respective chapters, are treated of in as many different sections, mostly short ones, being numbered from one upwards.

The first chapter is devoted to general observations on management and diet during the first year of life, with many useful hints as to the best way of examining infants. Appended is a diet table. Chapter second treats of general diseases, the author recognizing five, viz., scrofula, tuberculosis, rhachitis, syphilis and acute rheumatism. Throughout the book, we find frequent reference to these "diathetic states." The prominent part played by the first four in the causation of diseases, as well as in the modification of their course, offering often the most important indications for treatment, nobody will deny; but many of the author's statements on this subject are more theoretical than based upon facts, as, for instance, his description of the temperament and physiognomy peculiar to scrofulosis as contrasted with those in tuberculosis. Dr. Gee is quoted as thinking freckles a sign of much value in the diagnosis of tuberculosis. "Scrofulous deposits," we are told, "consist of albumen, gelatine, fibrine and a little stearine," whereas "tubercle is probably an exudation of the liquor sanguinis, and consists of animal matter, albumen and salts, such as the insoluble phosphates and carbonate of lime, soluble salts of soda and cholestearine." In speaking of the diet during the first year of life, we are told that "it is the children of the rickety and of the rheumatic diatheses that suffer from dyspepsia and 'weak stomachs.' Tubercular children are far hardier in this respect, whilst the strumous and the syphilitic occupy a median position." Further on, he says, "it is the child of gouty and rheumatic parents that suffers so often from acidity, and who requires most especially that his food should be alkalized by lime-water." In another part of the book, we find it stated that "erythema intertrigo is common in the rheumatic diathesis," and, to quote once more, dysuria or painful micturition is spoken of as being "often associated with chronic skin affections and the rheumatic diathesis, and there may be smartish fever and considerable dyspepsia as concomitants." In the treatment of rickets, the author rightly gives to cod-liver oil the most important place, but we fail to see the necessity of its combination with lime-water. Syphilis he divides into a "congenital" and "infantile" variety, the latter applied to what would ordinarily be called acquired. Chapter third is devoted to skin diseases. Many of those here treated could well be left out, as so rare in children as not to be worthy of mention or as

presenting no peculiarities in childhood requiring especial notice in a work upon children's diseases. Psoriasis and lepra are described under different sections, and we are told that they are often "symmetrical and hereditary." "Scrofula seems to be a disposing cause and a disordered stomach an exciting cause. The disordered stomach gives the first indication for treatment, and we must consequently unload and regulate the excretions of the *primæ viæ*." The advice to "unload and regulate the secretions of the *primæ viæ*" and to "administer saline cathartics" occurs, we think, too frequently in the book, given in a very vague and indefinite way, without any special indications other than the mere fact of the existence of some cutaneous or other disease, and, if blindly followed, might lead sometimes to mischief. Throughout the book, the author refers, when at all, but very briefly and superficially to the pathological anatomy of the different diseases, but we must find fault with such statements as that "eczema is an inflammation of the sweat follicle" and that "impetigo is a suppurative inflammation of the hair follicles" and "is contagious." The three following chapters treat respectively of diseases of new-borns, of fevers, and of diseases of the brain and nervous systems; and chapter seventh, of diseases of the air passages and of the thoracic organs. In the section upon hypertrophy of the brain, the author fails in his attempt to give a description by which the disease could be recognized, nor can we imagine, in case of the existence of such disease, that Dr. Churchill's plan of painting the shorn head with tincture of iodine and the administration of iodide of potassium in fair doses, could be of any benefit. From some of the symptoms given, and from mention of Dr. Elsässer's employment of a small horse-hair cushion for the head to rest upon, a hole being cut for the occiput, &c., it is evident that, partly at least, this disease is confounded with craniotabes. Croup and diphtheria meet with appropriate treatment, and the indications for tracheotomy and the method of operating are carefully laid down. The catarrhal nature of spasmodic croup (spurious croup) is not alluded to, and the author incorrectly associates it with the tubercular diathesis. The author describes a pneumonia of teething with which, we confess, we are unacquainted, "which," to use his own words, "being chronic and accompanied with general wasting but tumid abdomen, and with little cough, at first, is often mistaken for phthisis or mesenteric disease." The cause of atelectasis pulmonum, we are told, "is defective nerve energy from pressure," and its connection with bronchitis in infants is not alluded to. The author gives the astonishing explanation of diminished size of the affected side, after the absorption of a pleuritic effusion, to be "the increased work and consequent hypertrophy of the healthy lung."

Chapter eighth treats of the diseases of the food passages and of the abdominal organs. The classification of the diseases of the digestive organs lacks clearness, and we do not find that careful and thorough treatment that the importance of the subject would seem to demand. In the present state of medical science, it is a matter of some surprise to read that "gastro-malacia is one variety of dyspepsia," * * * "appearing to depend upon a diminished cohesion of the tissues, the result of slow starvation." In the section upon abdominal tumors, the author includes cancer of the stomach, making no

mention of its extreme rarity in children, telling us that "it gives rise to greater dyspepsia than cancer of the liver, to hæmatemesis and to pain after every meal. Moreover, the percussion is tympanitic when the stomach is diseased, dull when the liver is affected."

Chapter ninth, the last and one of the longest in the book, contains general therapeutical hints and a very large formulary. The prescriptions have been made up with much care, and the few general therapeutical hints at the beginning of the chapter are good.

We have but space to allude simply to the frequency of typographical errors, which should not have found their way into a second edition.

The book, of medium size, is printed upon excellent white paper, the type clear and large. The chapters are well arranged and there is a good alphabetical index at the end of the book. In these respects, it fulfils the object of the author to make it a "handy book of reference upon a class of diseases, presenting peculiar difficulties and yet of the deepest interest because so continually met with in practice."

Parkes's Practical Hygiene, Fourth Edition. 1873. Reprint by Lindsay and Blakiston. Philadelphia.

THIS admirable treatise by Professor Parkes of the Army Medical School, Netley, England, was referred to in the "Report on Public Health" in this JOURNAL, in February last. A new edition has since appeared, making the book even more valuable. The portions relating exclusively to military service are now placed by themselves, and the bulk of the volume is devoted to all that pertains to public and private health in the general population. It is a treasury of well authenticated observations, and presents the most complete discussion of the principles involved which has yet appeared in any language.

Every physician, who wishes to be able to give definite replies to the numerous questions referred to him as the guardian of the health of the people, should be able to consult this volume, and he need not fear that any special point, which may be in question, has been overlooked. Moreover, the foot notes and references will point to a complete library of hygiene.

Boards of Health will find this book almost indispensable to an intelligent exercise of their duty.

It is already supplied by our government to all army medical officers, and we wish that means could be found to make it accessible to all who seek information concerning the means of preserving the health of cities and towns.

G. D.

TREATMENT OF ENURESIS. By DR. BUYELMANN, of Cologne.—The author was induced by an article in the *Berlin Klin. Wochenschrift*, 1871, No. 5, to try the syrup. ferri iodidi in a severe case of incontinentia urinæ. The patient was a young girl, thirteen years old, of nervous temperament and anæmic. The principal complaint was the incontinence of urine, so severe as to prevent her from walking any distance from her home without wetting herself. In addition to generous diet, she took, for three weeks, syrup. ferri iodidi, seven grammes ad aquæ, syrup. simp., āā, fifty grammes; a teaspoonful every two hours. After a week's treatment, there was a marked improvement, and, in two weeks more, she was discharged well.—*Berlin Klin. Wochenschrift*, No. 6.

Boston Medical and Surgical Journal.

BOSTON: THURSDAY, OCTOBER 16, 1873.

Nothing has of late afforded us so much satisfaction as the raid of the United States authorities on certain persons circulating indecent literature.

The largest operator, apparently, is a certain Hunter, who represents various companies, and had offices in Hinsdale, Brattleborough, and Springfield. The others are quacks from the neighborhood of Court street. The Sawyer woman obtained bail, but the rest are in jail and will be tried shortly. We hope that a severe example will be made, for the evil is increasing, and is one which demands to be publicly condemned. Any leniency would be an insult to the self-respect of the community, and perhaps an injury to thousands yet unborn.

THE attempt on the part of certain members of the City Council to establish a permanent smallpox hospital on the site in Swett Street, which the city purchased a year ago, is a proceeding which we strongly condemn as open to the gravest sanitary objections. The surroundings of this locality are such that it would be cruel, if not criminal, recklessness to compel patients sick with smallpox to be isolated there. The cases of typhoid which occurred among the convalescents there the past season, are significant as evidence of the insalubrious character of this region, even if this were not perfectly apparent to any one on the most superficial inspection. We feel confident that the Board of Health will have the support of all intelligent physicians in opposition to a scheme so obviously objectionable.

THE epidemic of yellow fever is still raging in the west. The details supplied by the telegraph, though not full, show that there has been great mortality and much suffering. The Howard Association appears to be doing good service. We are happy to learn that, at Shreveport, the worst is past, and that no one of sixty-three physicians sent thither has taken the fever. The epidemic is now most severe at Memphis. One of the most painful features is the number of young orphans left destitute. We hope that generous aid will come from more fortunate cities.

BOSTON DISPENSARY.—The annual meeting of the managers of the Boston Dispensary has been held since our last issue; it seems, therefore, a proper time to notice some of the changes that have taken place in that institution during the year that has just closed.

Owing to a great increase in the duties devolving on the city physician, Dr. Green felt himself obliged early in the year to resign the position of superintendent of the dispensary, an office which he had filled with great credit to himself and with great advantage to the institution for many years. Dr. A. L. Haskins was chosen his successor. Soon after his appointment, a number of changes in the practical workings of the dispensary were recommended by him to the directors, and at once received their approval.

The apothecary store is now open for the dispensing of medicine and the receiving of orders, from eight in the morning till seven in the evening. The women's room, heretofore over-crowded, has been divided into two rooms, and, consequently, it was found necessary to add four additional medical officers to the present staff. These vacancies have been filled by the election of Drs. T. W. Fisher, T. Dwight, Jr., R. H. Fitz and J. L. Hale. The last two named, were, till now, on the list of district physicians, and their places have been filled by the appointment of Drs. J. P. Oliver and A. L. Mason.

A special department for the treatment of skin diseases has been created and placed under the care of Dr. F. B. Greenough, whose place on the list of surgeons has been filled by the appointment of Dr. Thos. B. Curtis, who has recently returned from Europe. Another department has been opened for the treatment of nervous diseases, and placed under the care of Drs. S. G. Webber and D. F. Lincoln. A dental department has also been arranged, and patients are treated daily from 10 to 11. This department is under the care of Drs. Chas. S. Bartlett, E. P. Bradbury, J. W. Keyes, T. O. Loveland and F. M. Robinson. The rooms have been so arranged as to give a waiting-room for each department. The north-end district has been divided, and Dr. Walter Channing, Jr., has been appointed to the new district. In his annual report to the directors, Dr. Haskins has made a most urgent appeal for a new building, the present being utterly inadequate for the amount of work daily done in it. It is to be hoped that before another year closes the new building will be in the process of erection. The following is a complete list of the medical officers connected with the institution:—

Surgeons.—John Homans, M.D., J. B. Treadwell, M.D., S. W. Langmaid, M.D., T. B. Curtis, M.D.

Ophthalmic Surgeon.—O. F. Wadsworth, M.D.

Physicians.—J. M. Hayward, M.D., F. I. Knight, M.D., W. F. Munroe, M.D., C. E. Inches, M.D., J. F. Appell, M.D., R. Disbrow, M.D., T. Waterman, M.D., H. Tuck, M.D., W. H. H. Hastings, M.D., W. L. Richardson, M.D., W. E. Boardman, M.D., C. P. Putnam, M.D., T. W. Fisher, M.D., T. Dwight, Jr., M.D., R. H. Fitz, M.D., J. L. Hale, M.D.

Department for Diseases of the Nervous System.—S. G. Webber, M.D., D. F. Lincoln, M.D.

Department for Skin Diseases.—F. B. Greenough, M.D.

Dental Department.—Chas. S. Bartlett, D.M.D., E. P. Bradbury, D.M.D., J. W. Keyes, D.M.D., T. O. Loveland, D.M.D., F. M. Robinson, D.M.D.

District Physicians.—1. J. B. Fulton, M.D. (East Boston.) 2. F. W. Vogel, M.D. 3. Walter Channing, Jr., M.D. 4. P. W. Page, M.D. 5. Jos. P. Oliver, M.D. 6. A. L. Mason, M.D. 7. B. F. Davenport, M.D. 8. J. H. Davenport, M.D. (So. Boston.)

Apothecary.—F. B. Winn.

Assistant Apothecary.—J. J. Kelley.

A. L. Haskins, M.D., *Superintendent.*

CLINICAL LECTURE ON THE RELATION WHICH FAULTY CLOSET-ACCOMMODATIONS BEAR TO THE DISEASES OF WOMEN. By WILLIAM GOODELL, M.D.—The important question of sewage and cesspool diseases, which is now agitating political economists, has a range far wider than those branches of medicine on which I lecture. I shall, however, limit my remarks to that aspect of it which directly concerns the good health, and more remotely, the good morals of women, viz., *the relation which faulty closet-accommodations bear to the diseases of women.*

In adults, the state of health denotes a state of equilibrium between waste and repair,—between construction and destruction. But the statical condition is one necessarily disturbed by the smallest casting-weight. Hence, very slight indeed may be the cause which deranges the nicely-balanced relation between the functions of the various organs of the body. Thus, by the imperfect and unpunctual performance of the excretory functions, our food becomes our poison. The lengthened detention of feces in the bowels, or of the urine in the bladder, begets a host of disorders, in man as well as in woman. But it is in the latter that they are most manifest. Irregularity or postponement in the evacuations of the body is perhaps the most common cause of uterine and pelvic diseases. For not only are local congestions produced mechanically by the irritation or the pressure from hardened feces, and flexions of the womb brought about by the straining efforts to empty the bowels; but the intimate interdependence between the pelvic and the uterine plexus of veins on the one hand, and the portal system on the other, is at the root of all manner of female complaints. A congestion in the one determines in the other a like condition, which in turn confirms and augments the disorder of the former. It is, indeed, astonishing how quickly a woman's health declines from inattention to habits of regularity.

Over-distention of the bladder, by drawing up the cervix and by thrusting the fundus backward, is undoubtedly a very common factor in the production of retroflexions and retroversions of the womb. Almost every acute case of uterine displacement and many cases of vesical catarrh are thus brought about. The very worst case of irritable bladder that I ever met with, occurred in a lady who, thirty years previously, had travelled a whole day in a stage-coach without finding a fit opportunity for passing her water.

Again, costiveness is the recognized cause not only of hæmorrhoids, of pelvic and uterine congestions, and of disorders of the digestive apparatus, but also of fecal poisoning. For, if diseases breed from bad drainage and defective sewerage from without the body, how how much more from bad drainage and defective sewerage within the body! Excretions retained in the body ferment and decompose; the pestilential gases thus generated, and the products of tissue-waste,

being absorbed, degrade the blood, disable nerve-centres, and paralyze the action of the vital organs. A mischievous reciprocation takes place, by which the cause and its effects aid and abet one another. Take for instance the liver; costiveness makes it secrete less bile, and this torpidity not only causes a uterine congestion, but also reinforces the habit of constipation. So, in a measure, with every other organ; blood-disorder leads to morbid nutrition of nerve-centres, and this in turn still further degrades the blood. Thus is evoked that exaltation of nervous action which so often becomes turbulent and uncontrollable. Hysteria, chlorosis, and climacteric perturbations are always linked with defective hæmatosis.

Except as the result of this vicious circle, how else explain the proverbially bad health of women living in the country, and of the poorer classes of women in cities? Show me such a woman, and you show me a costive creature, one whose whole life is spent in an unnatural struggle with the lower but needful calls of her body. This evil is in itself bad enough; but, unfortunately, it does not end there. Upon the good health of the mother, depends the good health of the child. Feeble mothers beget feeble children—children who are carried from the womb to the grave, or who peak and pine under the heritage of ill health.

Such, then, being the condition of the majority of American women, what is the cause? "Probably no single cause," writes a close observer, "has had so much influence in producing the peculiarly delicate condition for which women living in the country and in the small towns in America are notorious, as the discomfort, inconvenience, and frequent repulsiveness [and, I may add, indecent exposure] of their closet-accommodations."

The ancients, who were wiser in their generation than we are in ours, set examples which we in the nineteenth century might in some respects usefully follow. The cloacæ of Rome are still the admiration of the architect. They were built so firmly as to have resisted the impetuous torrents of over seven hundred winters. To keep them in repair, public officers were appointed, who were called the *curatores cloacarum urbis*. Even a goddess—the fair Cloacina—was chosen to preside over them. But with us how different!

In the teeming tenement-house of any of our large cities, there is usually but one closet, and that invariably a cesspool, wet and foul, reeking with filth, poisoned by noisome stench, defiled by lewd couplets or obscene cuts, indecent from thin partitions and wide chinks, or from being pre-occupied by one of the opposite sex. Under such conditions what woman can avoid schooling herself into the habit of resisting the evacuation of her bowels? In the small houses of tradesmen and of mechanics, the water-closet is rarely to be found; nor are the houses of the better classes supplied with this luxury. The privy is then usually placed at the farther end of the yard, and approached by a long and unsheltered path. It is, therefore, almost inaccessible in bad weather or in dark nights, and is overlooked by the back buildings of all the neighboring houses. To a delicate woman, the exposure to the weather is a serious inconvenience; to one who is menstruating, it is a constant menace; while to every refined woman the exposure to view offers but one of two choices,—either that of having her sense of modesty blunted, or that of waiting until nightfall before responding to the calls of nature.

Nor does the condition of the closets in the country present a more agreeable contrast. In many parts of the Southern and Western States, a clump of bushes, the shelter of a rock, the nearest grove, afford the only accommodations. But take the more thickly-settled States; where is the small farm-house whose privy invites rather than repels? The very name of *privy* is a misnomer. How seldom is the building hidden by clumps of evergreens or masked by any other disguise than that of a euphemism! How often is it not at an embarrassing distance from the house,—at the end of a long trail, or, at best, of a long and ill-kept path, which frequently runs parallel with a street or a road! How rarely is it ever provided with any other kind of window than round or crescent-shaped holes rudely cut out of the door! How commonly are the cracks dehiscent! The door itself is often without a bolt, often hanging by one hinge,—sometimes wholly unhung. Through the openings in the seat acrid blasts of wind sweep up as if impelled by some malignant demon. Now, add to all this the sickening stench, the conspicuous heaps of filth, the swarms of unclean flies, and confess that, despite the temerity of the description, the picture is not overdrawn.

Imagine now broad daylight with its busy traffic, a rainy day or dark night, the grass wet with dew or the ground covered with snow, or temperature, perchance, many degrees below zero. Under such circumstances, what woman can respond to the calls of nature without putting herself to great discomfort, to great risk indeed if she be menstruating, or without blunting the edge of her womanly sense of decorum?

Nor is this last phase of the subject the least important. The shrinking from publicity in the performance of these functions is neither "prudence" nor "false modesty," but a virtue of which our women may well be proud. In those countries where woman most disregards it, there is she least chaste, and there is the license of language least bridled. Whatever refines the body refines the mind, and *vice versa*. The one reacts upon the other for better or for worse. Our forefathers, who scorned clothing and cleanliness, and who eased themselves, like their cattle, wherever the desire seized them, were in appetite little better than cannibals, in temper and morals lower than the brutes. When they began to wash themselves they began to clothe themselves; and after the culture of the body that of the mind followed as a matter of course. Thus soap becomes a great civilizer. "Show me," said the great Liebig,—or in words to this effect,—“Show me the nation which consumes the most soap, and you show me one which has reached the highest grade of civilization.” So with regard to closets. “Show me,” say I, “the nation that gives the most comfort, the most privacy, the most solicitation, to the evacuations of the body, and you show me, in refinement, in education, and in morality, the foremost people on the face of the earth.”

I have told you the bane; now, what is the antidote? Clearly, *such closets as invite rather than repel*,—closets in which an operation of the bowels is not tantamount to being buffeted of Satan for a season. In cities, and in such towns as are supplied with water-works and good drains, the use of the water-closet ought to become universal. In the country, where such a luxury can be attained by the rich alone, the earth-closet is the only substitute; and I cannot too strongly urge

you to advise its use among your patients and neighbors. Set the example by using one yourselves; you will soon get back more than its money's worth of comfort, health and privacy.

Although, at my request, this gentleman has kindly consented to exhibit to you the mechanism of this earth-closet, yet I am not the advocate of his patent, or any one of the patents now in the market. You must select the one which seems to you to meet best all the requirements. I am contending simply for the principle on which these earth-closets are based, and for the moral and hygienic advantages which they offer. A portable closet, like this one, not larger than an old-fashioned arm-chair, can be moved about from room to room, or be put where it will be both private and accessible. Nor will its presence poison the surrounding air, for there is no better disinfectant, no better deodorizer of organic refuse, than the dry earth contained in its hopper. Recognizing this property of earth, and also the laws of health, a wise Deity has, as the Creator, implanted in carnivorous animals the instinct of burying their excrement. As the great Lawgiver, he commanded the Jews to do the same thing. What cats and dogs do by instinct, man should do as well by reason as by divine command. Further: animal refuse thus treated becomes a rich and available manure. Like that fabled giant of ancient mythology, it gains strength and vigor from contact with its mother, earth.—*Philadelphia Medical Times*.

INTRAVAGINAL AUSCULTATION.—A paper has been recently read before the Academy of Bologna by Dr. Verardini, illustrating the application of intravaginal auscultation as an aid to the diagnosis of pregnancy. The instrument employed for this examination is called the vaginal stethoscope. The possibility of this method of auscultation was first pointed out by Maygrier in the year 1825, while its first practical application was made by Nauke four years later, it being employed then to determine the existence of placenta prævia as well as pregnancy. Dr. Verardini maintains that internal or intravaginal auscultation is of great value in diagnosing pregnancy even in the first month, inasmuch as the stethoscope, when applied to the neck of the uterus, transmits a characteristic sound, described as a faint, prolonged murmur. This sound is readily distinguishable from the utero-placental murmur, which accompanies violent contact of the fœtus with the walls of the uterus. The latter sound is faint and short, resembling that given by the stethoscope when applied to aneurismal tumors, or to the large arteries, and when once heard can never afterwards be mistaken.

It is, of course, essential to determine at the outset whether any pulsating tumor or enlarged bloodvessel is situated near the neck of the uterus.

Where other indications of pregnancy have been obtained, and yet the above described murmur cannot be obtained, in that case the diagnosis will, of course, be doubtful, and there will be strong grounds for suspecting that some disease of the uterus is present.

In many instances, it will sooner or later transpire that some disease of the ovum has involved the death of the embryo or fœtus.

HOMŒOPATHIC PILULES PROVED A SHAM.—The *London Practitioner* for April, 1873, gives account of recent examinations, by chemical analysis, of some of the more commonly-used homœopathic pilules. The average weight of each was 0.6 grains; and, in the strength known as the second dilution, should contain 0.00006 of a grain of the drug. This quantity, in the case of the drug chosen, is fairly within the reach of analysis. The third dilution places the drug beyond the reach of analysis.

In *sulphate of copper pilules*, no copper could be detected in a sample of 100 pilules, nor in another sample of 200 pilules. As little as 0.0001 grain would have been detected, if present, and in these samples there should have been 0.006 gr. in the first, and 0.012 grain in the second.

In 200 *corrosive sublimate pilules*, less than 0.0005 gr. was found, whereas 0.012 grain should have been present.

No strychnine or atropine could be detected in 300 *nux vomica* and *belladonna pilules* respectively, though the tests are of extreme delicacy.

The pilules were from two leading homœopathic pharmacists.

Of course there cannot be any effect from the taking of such pilules, except what is due to imagination.

Correspondence.

BROMIDE OF POTASSIUM.—LARGE DOSES AND SMALL.

MESSRS. EDITORS,—While reading Anstie's capital work on Neuralgia, lately, I came, on page 242, to the following paragraph:—"Having decided that bromide of potassium is the proper remedy, we must use it in sufficient doses. Not even epilepsy itself requires more decidedly that bromide, to be useful, shall be given in large doses. It is right to commence with moderate ones (ten to fifteen grains), because we can never tell, beforehand, that our patient is not one of those peculiar subjects in whom that very disagreeable phenomenon—bromic acne—will follow the use of large doses. But we must not expect good results till we reach something like ninety grains daily."

I have frequently seen it insisted that large, even very large, doses of the bromide were necessary for the control of neuralgia. But I feel myself constrained—although with diffidence—to enter my protest against this dictum. A large proportion of neuralgic cases are developed in enfeebled constitutions, where full depressants cannot be otherwise than injurious. In fact, Dr. Anstie himself recognizes, more fully than any other author I know, the great advantages of a full, generous diet, and even cod-liver oil. In such cases, I believe that the beneficial results of the bromides may be obtained with very small doses. If so, anything larger is, of course, superfluous, and therefore positively injurious. I have had many neuralgic cases, in persons of middle age and onwards, as well as some younger ones who were in an anæmic condition, who derived the best benefit from five-, six-, and eight-grain doses, repeated four times daily, persistently, for weeks. And, in several instances, I came down to these doses, finding that they derived as much benefit as they had previously done from larger ones. For I believe in the principle of employing the smallest possible dose to secure the desired effect. In other cases—of this class, remember!—having begun with small doses, and being impatient of tardy results, I have increased them; but, almost invariably, I have repented my impatience (on getting no additional benefit), and have gone back. And, in at least two or three cases, the comparative results have been so marked as to lead patients to point out to me the advan-

tage of small doses. Even granting that they were intelligent people, such observation is remarkable, and must count for something. I therefore beg that, for this class of neuralgics, small doses of the bromides may have a fair and patient trial, and I thoroughly believe that they will bring to the physician increased satisfaction, and to the patient increased benefit.

ALEXANDER R. BECKER, M.D.

DOWN EAST, Sept. 25th, 1873.

MESSRS. EDITORS.—The summer has gone at last, and the last of our city visitors has gone home. One has somewhat less to do in haste, by night, in the village. Green apples don't hurt country boys so much as they do city boys, and one is not so frequently called to the country boy with cholera morbus. Then, again, our population has fallen off about a third. These things considered, it isn't strange that I should think a little about the differences in practising among the different classes.

Down at the principal tavern, hotel we call it now, there have been very many ladies from New York, Boston and Philadelphia. Several of these, I noticed repeatedly as having what I called *acne* on their chins. Two of them, sisters, had it upon their cheeks also. After exposure to the sun, their faces became inflamed, and I was asked to look at them. They, and their mother, started with horror when I told them that they were not careful to wash their faces thoroughly. It seems that a large proportion of ladies in good society don't wash their faces. When I say "don't wash," I do not mean that they never use water; but they never use soap and water. Now you can't make a clean skin without both; and especially if you are applying some medicated wash to your skin every night at bed-time. The objection to soap with the water, I find to be, that it makes one's face shine, and everybody would notice it. Now, I tell these young ladies that our country girls wash their faces with soap, and generally keep clear of pimples. The difference appears to be this. The country girl has a clean face, which shines, without pimples, and so a stranger knows that she washes her face. The city girl has a dirty face, with pimples, which don't shine, and the stranger knows that she don't wash her face. It's a matter of taste, perhaps, but I'd rather my girl should have a clean face.

I am very fond of tomatoes. They don't ripen here till very late, and I've been in the habit of sending down for them early. To my surprise, a lady was shocked this summer, because I advised her to eat tomatoes. "Tomatoes—why, they produce cancer." This was strange. I never knew it before. For thirty years, that I have been in practice, I have eaten them. I raise them in my own garden. I lay in a stock of canned ones from Boston every fall. And here, I've been feeding wife and children on this cancer-producing vegetable, summer and winter, for years. No signs of cancer yet, and I am going to try it a little longer.

Did you ever notice that many doctors think those things unwholesome which they don't like. "Veal is very bad, difficult of digestion," says one. "Mutton is very unwholesome," says another. I find both of these gentlemen eat roasted pork. Just so with some of their patients. Any bad feeling is put off upon some poor, unfortunate, innocent article of diet. That pain below is attributed to the boiled parsnip eaten at dinner-time. The frosted plum-cake and ice cream of 10, P.M., had nothing to do with it.

I remember, many years ago, you had an artist in Boston, whose name was Johnston, I think. He used to publish, annually, what he called "Scraps." One of these books had a picture of a steamboat scene. If I recollect rightly, it was called "Natural Cascades: Point Judith." A poor unfortunate, leaning over the rail, having a very distressed face, is represented as saying: "I very imprudently ate a little dry toast for supper, and it never did agree with me."

Wouldn't it be as well to take all the preliminaries into the account, in finding the reasons for different ailments?

RUSTICUS.

Medical Miscellany.

DR. H. H. A. BEACH has been elected President of the Boylston Medical Society of Harvard University.

THE Connecticut River Valley Medical Association holds its October meeting at Brattleboro', Vt., Wednesday, Oct. 29th.

DR. O. F. WADSWORTH has been appointed ophthalmic surgeon to out-patients at the Massachusetts General Hospital.

THE BUSINESS OF SLAUGHTERING CATTLE, in private butchering establishments, in the midst of London, begins to be looked upon as a nuisance; and a committee of the House of Commons has been taking evidence concerning it, and has reported that slaughtering is a "noxious" business, which ought, with its allied industries, to be confined to centralized establishments away from thickly settled metropolitan districts.

THE SMALLEST ANGLE OF DISTINCT VISION.—Country Doctor's spider web has attracted much attention. We have received several replies, but as the ground is pretty well covered by "Mote," we do not publish them, though they are excellent. We hope our readers will observe how familiar a subject may furnish interesting and instructive debate, and will follow Country Doctor's example in communicating any similar observations they deem of interest.

THE XIXe Siècle relates of Dr. Nélaton that he was accustomed to say:—"If you have the misfortune to cut a carotid artery when performing an operation, remember that it takes two minutes for syncope to supervene, and as many more before death occurs. Now four minutes are four times the time required for a ligature, provided you don't hurry yourself—never hurry yourself." The *Temps* says:—"It is related that when he began his studies, he worked with such ardor that he often refused himself the time necessary for sleep. He procured a plank, some five or six feet long and forty centimetres broad, the extremities of which he placed on two chairs. He lay upon it, holding his book open above him. It is said that in this position the want of sleep is less readily felt. When, in spite of him, his eyes closed and the book fell, the shock disturbed his balance, and he followed the book. The shock aroused him, and he got up and begun his work again."

THE EPIDEMICS.—Many cases of sickness are reported in Davenport, caused by the use of cholera preventives when they were not necessary.

A young girl who was driven through the cholera-infected district of Davenport, and jokingly told that she would be sure to catch the disease, was attacked with cramps, collapse and discoloration, and died in a short time, a victim of the power of mind over matter.

"A strange and fatal disease, resembling fever," is reported at Kelton, in Utah. Persons die in a few hours after being attacked.—*Phil. Med. and Surg. Reporter*.

DURATION OF MENSTRUATION.—Some observations made by Dr. Cohnstein prove that the average duration of the menstrual function is thirty-one years—that in women who have menstruated early, before 13 years old, it lasts three years longer than in those who menstruated after 17. The regularity of menstruation seems to have no influence on its duration. Married women have a longer menstrual period than the unmarried, lasting from twenty-nine to thirty-four years, and amongst the pluriparae the period is longest. The catamenial functions are longest with women who have menstruated early, who are married, who have had more than three children, who have nursed and have been last pregnant between 38 and 42 years of age.—*Dublin Medical Press and Circular*.

THE MALADY OF THE FIRST NAPOLEON.—The following interesting letter, along with a lock of hair, has been recently discovered by Major Young, of Lincluden, Scotland. It was written to his father by Dr. Short, principal medical officer at St. Helena at the time of Napoleon's death. "St. Helena, 7th May, 1821. You will no doubt be much surprised to hear of Bonaparte's death; he expired on the 5th of May, after an illness of some standing. His disease was cancer in the stomach, that must have lasted some years, and been in a state of ulceration some months. I was in consultation and attendance several days, but he would not see strangers. I was officially introduced the moment he died. His face in death was the most beautiful I ever beheld, exhibiting softness and every good expression in the highest degree, and really seemed formed to conquer. The following day, I superintended the dissection of his body (at this time his countenance was much altered), which was done at his own request, to ascertain the exact seat of the disease (which he imagined to be where it was afterwards discovered to be), with the view of benefiting his son, who might inherit it. During the whole of his illness he never complained, and kept his character to the last. The disease being hereditary, his father having died of it, and his sister, the Princess Borghese being supposed to have it, proves to the world that climate and mode of life had no hand in it, and, contrary to the assertions of Drs. O'Meara and Stobo, his liver was perfectly sound; and had he been on the throne of France instead of an inhabitant of St. Helena, he would equally have suffered, as no earthly power could cure the disease when formed."—*British Medical Journal*.

NOTES AND QUERIES.

THE English "arrest" outbreaks of fever by official visitation—e. g.:—"Enteric fever," says the *London Lancet* of Sept. 20th, "has broken out in several parts of Birmingham. Another visit to the town by a Local Government Board inspector will probably be necessary."

JUDRUB.

ARE there any of the Philadelphia University degrees existing in Boston? The questioner would like to see one.

INQUIRER.

CASTORIA. CASTOR-OIL CAPSULES.—These articles have been extensively advertised. Will some correspondent of the JOURNAL, who has used either of these articles, tell what he knows concerning them, including their manufacture?

INQUIRER.

DIED.—In this city, Oct. 7th, Wentworth H. Quigley, M.D., aged 31 years.—At Leipzig, September 8th, Professor Czernak.

MORTALITY IN MASSACHUSETTS.—Deaths in fifteen Cities and Towns for the week ending October 4, 1873.

Boston, 159—Charlestown, 16—Worcester, 7—Lowell, 22—Milford, 4—Salem, 17—Lawrence, 16—Lynn, 12—Fitchburg, 4—Taunton, 1—Newburyport, 4—Somerville, 6—Fall River, 32—Haverhill, 7—Holyoke, 6. Total, 313.

Prevalent Diseases.—Consumption, 49—cholera infantum, 32—typhoid fever, 23—pneumonia, 18—scarlet fever, 14—dysentery and diarrhoea 14.

GEORGE DERBY, M.D.,

Secretary of the State Board of Health.

DEATHS IN BOSTON for the week ending Saturday, Oct. 12th, 123. Males, 61; females, 62. Accident, 4—abscess, 1—apoplexy, 2—inflammation of the bowels, 2—disease of the bowels, 1—bronchitis, 1—inflammation of the brain, 1—disease of the brain, 4—cerebro-spinal meningitis, 2—cyanosis, 1—cancer, 2—cholera infantum, 12—consumption, 18—convulsions, 4—croup, 2—debility, 2—diarrhoea, 9—dropsy, 1—dropsy of the brain, 1—dysentery, 3—diphtheria, 1—erysipelas, 1—scarlet fever, 5—typhoid fever, 8—disease of the heart, 5—homicide, 1—disease of the liver, 3—congestion of the lungs, 1—inflammation of the lungs, 6—marasmus, 6—old age, 1—paralysis, 2—rheumatism, 1—tumor, 2—stricture of the urethra, 1—whooping cough, 1—unknown, 5.

Under 5 years of age, 48—between 5 and 20 years, 11—between 20 and 40 years, 30—between 40 and 60 years, 21—over 60 years, 13. Born in the United States, 86—Ireland, 25—other places, 12.